

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
 Township Byrd
 City _____ (No. _____)

Registration District No. 124Primary Registration District No. 5779File No. 37326Registered No. 39

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilbur Crump
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1867
 7. AGE YEARS 70 MONTHS 0 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Oct 5, 1937
 I last saw him alive on Oct 5, 1937. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Arterio-SclerosisDate of onset 1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Oct 1933 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

Chronic Spleen blockage
no malignancy12. BIRTHPLACE (CITY OR TOWN) Marble Hill (STATE OR COUNTRY) Mo.13. NAME Benjamin Miller14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)15. MAIDEN NAME Mary Lassar16. BIRTHPLACE (CITY OR TOWN) N. Carolina (STATE OR COUNTRY)17. INFORMANT Wilbur Crump (ADDRESS) Jackson Mo. R.T.D.18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Height DATE Oct 7, 193719. UNDERTAKER Crump & Miller - Allen (ADDRESS) Jackson Mo.20. FILED 10-70, 1937 W. G. Seibert Registrar.Name of operation none Date of _____What test confirmed diagnosis lymphoma Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) W. G. Seibert, M. D.(Address) Jackson Mo.

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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NOTA

NOTA

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37326

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 124
(b) Township Byrd Primary Registration District No. 5179
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 39

2. PRINT FULL NAME

Eva Josephine Crump
(a) Residence, No. _____ St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-23 1937 D. G. Schubert
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on _____, 19. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis Date of onset

Other contributory causes of importance:
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Chronic Gall bladder
No Malignancy

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. Seabough, M. D.
(Address) Jackson

S-37324